

Renbridge Associates Ltd

Home Instead Senior Care

Inspection report

Millennium House
New Street
Newport
Shropshire
TF10 7AX

Tel: 01952581112

Website: www.homeinstead.co.uk

Date of inspection visit:

03 December 2019

04 December 2019

Date of publication:

17 January 2020

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Home Instead Senior Care is a domiciliary care agency which provides assistance with personal care to people living in their own homes. At the time of this inspection 46 people were receiving support with personal care needs. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People benefitted from a service which was extremely well-led. People were truly at the heart of everything the service did. People's views were valued and responded to and were used to shape the service provided. The provider's ethos of providing a truly caring and compassionate service had been embraced by the whole staff team. Staff were highly motivated and proud of the service. Without exception, people and their relatives praised the service they received and said they would recommend the agency to others. The provider used imaginative approaches to make sure staff training was meaningful and led to positive changes in the care people received. The provider worked with other professionals and organisations to promote positive outcomes for people.

People were supported by staff who were exceptionally caring. Many people told us staff often went over and above their job roles which demonstrated their kindness and consideration for the people they supported.

There was a strong emphasis on ensuring people received care and support which met their needs and preferences. The provider matched staff to people to help them build trusting relationships and share hobbies and interests. The provider and staff worked to reduce loneliness for people and ensured people had access to a range of social opportunities. People felt confident and comfortable to discuss any concerns with staff.

People felt safe with the staff who supported them. Risks to people were monitored and procedures were in place to help keep people safe. People were supported by adequate numbers of staff who were safe to work with them. The provider's systems protected people from the risk of abuse. People were protected from the risks associated with the control and spread of infection.

People were supported by staff who were well trained and competent in their role. People were assessed before they used the service to ensure their needs and preferences could be met. Staff understood the importance of ensuring people's rights were understood and protected. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's health care and nutritional needs were monitored and understood by staff.

Rating at last inspection

The service was rated outstanding at our last inspection (report published June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe	Good ●
Is the service effective? The service was effective	Good ●
Is the service caring? The service was exceptionally caring	Outstanding ☆
Is the service responsive? The service was responsive	Good ●
Is the service well-led? The service was exceptionally well-led	Outstanding ☆

Home Instead Senior Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector. An Expert by Experience made telephone calls to people and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. We also needed to obtain people's consent to contact them.

Inspection activity started on 3 December and ended on 4 December 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority and commissioners who work with the service. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and seven relatives about their experience of the care provided. We spoke with 11 members of staff which included care staff, a care manager, training manager, recruitment manager, registered manager, two of the provider's directors and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were also reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe with the staff who supported them.
- One person said, "I like very much having the same carer. I don't see many people and it makes me feel safe. They always make me a cuppa before leaving and make sure the door is shut"
- The provider's systems ensured people were protected from the risk of abuse.
- Staff received training about how to recognise and report abuse, and they were confident concerns would be taken seriously.
- A member of staff told us, "We discuss safeguarding all the time. I know how to report it and I would report straight away."

Assessing risk, safety monitoring and management

- Risks to people were considered and there were plans in place to manage and mitigate risks.
- Assessments were in place to identify risks from people's care, their home environment and healthcare conditions.
- People were supported to take positive risks to enable them to retain control and independence. The provider actively sought out technology to enable people to manage their own risks. For example, one person who sometimes confused night with day had left their home during the night placing themselves at risk. A door monitor was fitted which speaks to the person if the front door is opened, reminding them it was night time and best not to go out. The voice used was that of a member of staff who has worked with the person for five years. This had proved successful and had enabled the person to remain living in their home.
- Risk assessments and care plans were regularly reviewed to ensure they remained effective.
- People's equipment was regularly checked by staff to ensure it remained safe and well-maintained.

Staffing and recruitment

- The provider followed safe recruitment procedures and made sure only staff who were suitable to work with people were employed.
- The provider ensured there were enough skilled and experienced staff available to meet people's needs.
- People told us staff had never missed a visit and they arrived on time and stayed for the allocated time.
- One person said, "They are always on time. There is a good reason if not."
- People were supported by staff who were familiar to them. One person said, "I like very much having the same carer." A relative told us, "I asked for continuity of carers who are more mature, and they listened."

Using medicines safely

- People were supported to take their medicines by staff who were trained and competent to carry out the

task.

- A relative said, "They [staff] apply skin cream and record everything."
- Medication administration records (MAR) provided information about people's prescribed medicines, the dose and time the medicines should be administered.

Preventing and controlling infection

- People were protected from the risks associated with the spread of infection.
- Staff had access to sufficient supplies of person protective equipment (PPE) and people told us staff used these when assisting them.
- A relative told us, "Staff gown up with apron and gloves when needed."

Learning lessons when things go wrong

- Records of any accidents or incidents were maintained and reviewed by the management team when they occurred. This helped to identify any trends.
- Where things went wrong, the management team were keen to explore the reasons and to take steps to reduce the risk of it happening again.
- There was a culture of learning from accidents and incidents which was shared with staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were assessed before they used the service to ensure their needs and preferences could be met. One person said, "I was in a nursing home and someone from the company came out to discuss things and gave me a folder to read."
- Assessments of people's diverse needs were discussed prior to using the service. These included religious preferences.
- Assessments were used to formulate a plan of care. This provided staff with the information they needed to meet the person's needs and preferences.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked well with external professionals to ensure people's health care needs were met. This meant the agency could make prompt referrals and seek advice where concerns were identified.
- Care plans were reviewed and updated to reflect any changes or recommendations from healthcare professionals.

Supporting people to eat and drink enough to maintain a balanced diet

- Where people required support to eat and drink, information about their needs and preferences were recorded in their plan of care.
- People received support to eat and drink at the times that suited them.

Staff support: induction, training, skills and experience

- People and their relatives were confident staff had the skills and knowledge to meet their needs.
- A relative said, "We have a team of four carers who are excellent. (Name of person) is profoundly disabled and relies on hearing but he loves the carers. I know they are in safe hands."
- Staff were positive about the training they received, and they were confident they had the right skills to meet people's needs.
- A member of staff said, "The training is brilliant and is on-site which is better. If you don't understand straight away, you get more training." You can request extra training too. I have done dementia and will be doing end of life."
- Before staff started working at the agency they completed an induction programme which gave them the basic skills and knowledge to work with the people who used the agency. They also received training to meet people's specific health needs.

- New staff worked alongside and shadowed more experienced staff before they worked alone with people.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff had received training about the MCA and understood the importance of ensuring people's rights were protected.
- People told us staff sought their consent before assisting them. One person said, "They [staff] always ask my permission."
- Care plans had been signed by people or their legally appointed representative confirming their consent to the care they received.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- People benefitted from a provider and staff team who were committed to ensuring they received a service which was exceptionally caring.
- Comments from people and their relatives were very positive and we heard of several occasions where staff had gone above and beyond to ensure people received an exceptional service.
- One person said, "I can't praise them enough. I've been recently bereaved and needed more help with [name of person] on a Saturday. They were very supportive of the family and the carers insisted on working that first Saturday without pay. They went above and beyond, and I was very touched." Another person told us, "They [staff] are kind, considerate and respectful; everything you could wish for. The girls are golden. They are brilliant." Another person said, "The carer is very committed to their job. They would go the extra mile if I asked them. They are very special."
- We heard about one member of staff who, on arrival at the person's home, had found them on the floor. After informing the agency's office, the member of staff accompanied the person to hospital as they had no relatives and remained with them until the early hours. They then returned to the person's home to ensure it was lovely and clean for when the person returned home.
- Another member of staff had changed their working pattern, which meant making additional child care arrangements, to ensure a person who was nearing the end of their life was cared for by staff who regularly supported them .
- Great care and attention was given to ensure people were supported by staff who shared the same interests and beliefs. One person requested they were supported by a member of staff of their own race and this was facilitated.
- A relative told us, "[Name of person] has profound needs and the carers talk with them all the time to reassure them and tell them what they are doing. They [staff] are a good team and they have taken on the way we work with [name of person]. They often go over the hour with them and they never rush away. The company always brings in good new staff. You have to have people you can trust and if I need extra help they bring someone else in from their team. I admire and appreciate them."

Supporting people to express their views and be involved in making decisions about their care

- The provider and staff team were exceptional in supporting people to overcome obstacles and to be able to express their views.
- We heard about one person who found communication difficult following a stroke. Staff spent time looking at ways to reduce periods of distress and anxiety and this had resulted in a great improvement the person's speech and they were able to make their needs known.

- Another person who was hard of hearing found it difficult to communicate on the telephone. To overcome this the management and office staff used emails and face to face conversations to reduce any anxiety or distress.
- The staff team ensured people had control and flexibility over the support they received. A person who used the service told us, "The management reviewed my care plan with me in November. I am in touch with them and they are very obliging. When I had to change the day, they visited they worked around me and the carer."

Respecting and promoting people's privacy, dignity and independence

- Time was given to people to enable them to get to know a new member of staff. Once a member of staff was 'matched' to a person, they were taken to meet them and then worked alongside other staff to get to know the person, their routines and preferences. People were asked for their feedback and were able to say whether they wanted to be supported by the staff member.
- People were supported to maintain their independence. One person told us, "They watch me and let me do what I can." A relative told us, "They [staff] encourage [name of person] to feed themselves."
- We heard about one person who was supported and liked to show staff how they preferred their needs to be met. With support from the management and office staff, the person was involved in training the staff team by showing them how they wanted their needs met.
- People told us staff always respected their privacy and dignity.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care planning and delivery was very person-centred. Person-centred planning is a way of helping someone to plan their life and support they need, focusing on what is important to the person.
- The provider and staff team had worked hard to find out what people had done in the past, their interests and preferences. They were committed to ensuring people received a high standard of personalised care and support.
- The agency placed an emphasis on matching staff to people who used the service. This had resulted in people building truly trusting relationships with the staff who supported them.
- All staff completed a 'This is me' document when they commenced employment. This document provided information about the staff's personality and interests which helped when matching staff with people who used the service .
- One person said, "They match the carer to client and that's important for me. I look forward to them coming. They are different to other care companies; they listen to me when I ask for a specific carer."
- People's needs, choices and preferences were fully explored at the initial assessment to make sure the package of care was tailored to their wishes and needs.
- Following the initial assessment, the provider's head of care met with the person to discuss in more depth, their needs, life history, hobbies and preferences. This information was used to match staff with similar interests.
- People and their relatives told us staff were exceptional at building relationships and ensuring people received a service which was tailored to their needs and preferences.
- Visits to people were a minimum of one hour which meant staff had time to ensure people did not feel rushed and that they had time to build trusting relationships.
- A relative told us, "They [staff] talk with [name of person] and use the doll and different voices to interact with them. They have great empathy for them and take time to communicate with them. The carers never leave without saying "Cheerio" to them. They treat them as a person in their own right. They are excellent, and I couldn't find fault if I wanted to. They will also offer to do shopping for me." The person used the doll to communicate with people.
- Another relative told us, "The management will come out extra early at 7 am if (name of person) has a hospital appointment. When (name of person) was discharged from hospital the management came out to check if they could do anything extra."
- Staff understood and ensured people's protected characteristics were respected. For example, they shopped for specialised meats for one person in line with their religious beliefs.
- The agency had established strong links with the local community which had benefitted the people who

used the service.

- Since the last inspection the provider had created a new role within the staff team. The community engagement lead worked within the local community to develop third party relationships. This fostered productive relationships with other organisations who may be working with people to promote a holistic care delivery.
- The community engagement lead also helped to raise awareness and understanding of people who may be living with dementia by engaging with local shops and cafes to help them create a dementia friendly environment for people.
- The agency was proactive at ensuring people at risk of social isolation, were provided with opportunities to meet other people.
- There was a weekly brunch club held at the agency office where people, their relatives and the local community could meet and chat. One person had recently rekindled a friendship with a childhood friend after meeting at the brunch club.
- The agency hosted a Christmas lunch for people and staff which was very well attended. A member of staff said, "Nobody should be alone at Christmas."
- Due to the strong and positive links with the local community, numerous Christmas gifts had been donated at the agency's office. These would be given to people who may have no family members.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained information about people's communication needs. These gave detailed information about how to recognise if a person was in pain, distressed or happy if they were unable to express themselves verbally.
- Documentation could be produced in accessible formats for people who required this.

Improving care quality in response to complaints or concerns

- None of the people or relatives we spoke with had any concerns about the care they received.
- However, all confirmed they felt confident any concerns would be taken seriously.
- One person said, "If I have any problems I will ring the office and it is sorted." A relative told us, "[Name of person] knows the carers and they are happy. The carers are very friendly, and I can't fault them."
- Where concerns had been raised, records showed the provider had carried out an investigation and provided a response to the satisfaction of the complainant within agreed timescales.

End of life care and support

- The agency was not providing a service to anybody who was receiving end of life care.
- However, care plans showed there had been discussions with people about their preferences for life saving treatment in the event of a medical emergency.
- Staff received training about end of life care and they liaised closely with healthcare professionals to ensure people remained comfortable.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives told us the service was exceptional and put people at the heart of everything they did .
 - One person said, "The support given is not patronising. The company ethos of companionship and dignity works through the carer. I have nothing negative to say about Home Instead. I have recommended them to hospital staff and other people in the locality."
 - A relative told us, "I would absolutely recommend this company. We are eminently happy."
 - The provider was passionate and committed to ensuring people received an outstanding service and we saw this ethos had been fully embraced by the staff team.
 - People and their relatives had commented on how the care and support had made a difference to their lives and had had a positive effect on their wellbeing.
 - A relative had recently commented, "Your help and support was exceptional. Words cannot express what a difference you made and the kindness you showed was wonderful." Another relative said, "We couldn't have coped or even been able to bring [name of person] home from hospital if it wasn't for Home Instead. We are so very thankful."
 - Another relative commented, "I am still extremely delighted with the service your company provides, it has surpassed my expectations. My parents have recovered so well over the last year and a lot of this is down to the physical, social and psychological care that your carers are delivering. You should take great pride in what your company is achieving."
 - The provider had introduced a number of initiatives to ensure people were truly valued. These included combatting loneliness by introducing a weekly brunch club where people and the local community could meet up to enjoy refreshments and a chat. These meetings were also an opportunity for staff to raise awareness about local events and topics to help people stay safe.
- The provider also supported the work of a national charity which worked to raise awareness of scams and provides support to victims and their families.
- The provider understood that the recruitment and retention of capable, valued and supported staff was critical to achieving the high-quality care and to building a skilled and competent workforce.
 - The provider had introduced a clear career pathway to support staff to progress into more senior or leadership roles within the organisation by gaining additional qualifications and taking on additional duties.
 - Staff morale was exceptionally good, and staff were proud to work at the service. A member of staff said, "I love my job and my clients. I am supported in my job from management, to office staff to my fellow caregivers." Another member of staff told us, "I just love working here. There is nowhere else like it. This is a

very progressive company where all the staff are valued and we all strive to make sure our clients get the very best."

- The provider was exceptional in ensuring staff had the training and empathy to meet people's needs. They used innovative ways to train staff.
- Since the last inspection the provider had created three reminiscence rooms with the objective of providing staff with an insight as to what may be familiar to a person living with dementia. One of the training rooms was furnished and decorated as a bedroom from the 1950's. The room also had a number of risks, for example, trailing cables, a rug and confusing labels on medicines to educate staff of the possible risks to people and to learn how risks can be reduced to help keep people safe.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and staff at all levels demonstrated a true passion and dedication to provide a service which exceeded expectations. This was reflected in comments from people and their relatives, the way staff were recruited, valued and trained and initiatives to ensure people were safe and protected from the risk of isolation.
- Since the last inspection the provider has created two new roles. A care lead now supported new staff through their first 12 weeks, through close supervisions, on the job shadowing, mentoring as well as working with the whole office team. This hands-on approach has helped reduce the number of new staff leaving in the first 12 weeks. This has helped to increase staff consistency for the people who used the service.
- A community engagement lead worked with the local community to develop relationships with other organisations who may be working with people. This helped to foster productive relationships and a truly holistic care delivery for people who used the service.
- The management and office staff all had specific areas of responsibility but worked together and met regularly to make sure people received a seamless service.
- Staff received regular supervisions where they had the opportunity to discuss their role and performance.
- Staff training, skills and competence were regularly monitored through observations of their practice and regular refresher training.
- Staff were aware of the whistleblowing procedure and said they would use this if the need arose.
- In accordance with their legal responsibilities, the registered manager had informed us about significant events which occurred at the agency within required timescales.
- The provider promoted an ethos of openness and transparency which had been adopted by the management and staff team.
- There was learning where things went wrong and open discussions with people and their relatives.
- Where there were concerns about a person's well-being, these were raised with appropriate authorities such as the local authority safeguarding team.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The views of people and their representative remained crucial in driving improvements within the service.
- The results of a recent survey showed a very high level of satisfaction about the service provided.
- Christmas parties were held where people, staff and their relatives could enjoy the festivities together. Staff achievements were also celebrated with several awards which were based on nominations and comments from people who used the service.
- People's views were sought daily when receiving support and through regular care plan reviews.
- People's views were valued and responded to. Examples included choice of staff and change of visit times.
- Regular newsletters were given to people which provided information about staff changes, local events

and how to stay safe.

- There were regular meetings for staff where their views were encouraged. Staff told us they felt valued and their views were respected.
- There were policies in place to ensure people's protected characteristics were considered and understood by staff.

Continuous learning and improving care

- The provider was committed to continuous learning and improving the service people received.
- Since the last inspection the provider had invested in the staffing infrastructure to support the growing needs of both people who used the service and care staff to ensure that as the agency grows, the high standards provided were not jeopardised.
- The provider had also implemented electronic systems which provided staff with 'real time' information about people's needs and prescribed medicines. The system enables office staff to receive immediate alerts about any missed medicines or concerns about a person's well-being thus allowing them to take prompt action as necessary.
- The provider subscribed to updates from numerous organisations to ensure they were kept up to date with current best practice and changes in legislation. The agency had achieved accreditation from Investors in People. This accreditation recognises a provider's commitment to staff training. The Home Instead training for end of life care had recently been recognised and the service had been awarded the Princess Anne award for training.
- There were effective procedures in place to monitor and improve the quality and safety of the service provided. These included a range of audits, seeking the views of people who used the service and monitoring the skills, training and competence of the staff team.
- The provider's policies and procedures were regularly reviewed to ensure they complied with current best practice and legislation.

Working in partnership with others

- The agency worked in partnership with other professionals and organisations to achieve good outcomes for people.
- These included specialist healthcare professionals, hospices, hospitals, and commissioners.